

A LIBRARY TO SPARK THE IMAGINATION

Dolly Parton's Imagination Library

Official Registration Form (one form per child required)

Preschool Child's Full Name _____

Child's Date of Birth _____ Sex: M F Phone _____

Parent/Guardian Name _____

Child's Home Address _____

City _____

Mailing Address (if different) _____

City _____

This child resides within Zip Code 98070, Vashon Island, WA

Signature of Parent or Guardian _____ Date _____

Books will not be forwarded to you by the Post Office if you move. Please contact us with your new address.

.J.T. Sheffied Building
18850103rd Ave SW, Suite 220
Vashon Island, WA 98070-5250
206 408-8022
info@vashoncollege.org
www.vashoncollege.org

